

**OFFICE OF THE FEDERAL DEFENDER
EASTERN DISTRICT OF CALIFORNIA
801 I STREET, 3rd FLOOR
SACRAMENTO, CALIFORNIA 95814
(916) 498-5700 Fax: (916) 498-5710**

Quin Denvir
Federal Defender

Daniel J. Broderick
Chief Assistant Defender

June 6, 2005

FILED

JUN - 6 2005

CLERK, U.S. DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA
BY _____
DEPUTY CLERK

Mr. John P. Balazs
Attorney at Law
916 Second Street, #F
Sacramento, CA 95814

Re: **U.S. v. Francisco Medina Casteneda**
CrS-03-549-EJG

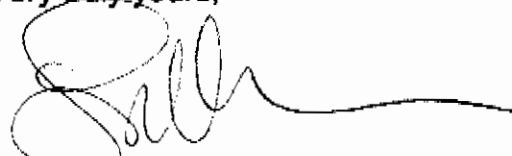
Dear Mr. Balazs:

This will confirm your appointment as counsel by the Honorable Edward J. Garcia, U.S. District Judge, to represent the above-named appellant. You are attorney of record until such time as you are relieved or other action is taken to appoint a different attorney.

Enclosed is CJA 20 form, your Order of Appointment and Voucher for services rendered. Also enclosed is an instruction sheet discussing the use of the forms, together with sample forms for reporting court time. This will also provide a uniformity in the way attorneys report their time and services rendered.

If we may be of any further assistance regarding the processing of the enclosed form, preparation of form CJA 21 for expert services, or in reference to any other matter pertaining to this case, please feel free to call upon us at any time.

Very truly yours,



CYNTHIA L. COMPTON
CJA Panel Administrator

:clc
Enclosures

cc: Clerk's Office
Ninth Circuit

1. CIR./DIST./DIV. CODE 09C		2. PERSON REPRESENTED Casteneda, Francisco Medina		VOUCHER NUMBER																																																																																																																																																																																
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER Cr.S-03-549-EJG		5. APPEALS DKT./DEF. NUMBER																																																																																																																																																																																
7. IN CASE/MATTER OF (Case Name) U.S. v. Casteneda		8. PAYMENT CATEGORY Appeal		9. TYPE PERSON REPRESENTED Appellant																																																																																																																																																																																
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11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) under different charges, according to severity of offense. Criminal Appeal																																																																																																																																																																																				
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) John P. Balazs, Esq. 916 Second Street, Suite F Sacramento, CA 95814 Telephone Number: (916) 447-9299			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Sub For Federal Defender <input type="checkbox"/> R Sub For Retained Attorney <input type="checkbox"/> P Sub For Private Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointed Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the court appoints the person named in Item 12 to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <i>Ed J. Gamin</i> Signature of Presiding Judicial Officer or By Order of the Court Date of Order: 5/25/05 Payment or partial payment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																																																	
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																																																																																				
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CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____ </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td colspan="2">26. 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1915

UNITED STATES DISTRICT COURT

EASTERN District of CALIFORNIA

NOTICE OF APPEAL

United States of America,

Plaintiff,

-vs-

D.C. Docket Number: CR-S 03-549-EJG

Francisco Medina Casteneda,

Defendant.

Hon. Edward J. Garcia

(U. S. District Judge)

Notice is hereby given that defendant Francisco Medina Casteneda in the above named case hereby appeals to the United States Court of Appeals for the Ninth Circuit from the

() conviction only (Fed.R.Crim.P. 32(b))

(x) conviction and sentence

() sentence only (18 U.S.C. § 3742)

() order (specify) _____

sentenced on May 20, 2005

Sentence imposed: 324 months imprisonment, 120 months supervised release, \$200 Special Assessment

Bail status: detained

/s/ John Balazs

(Counsel for Appellant)

DATE: May 25, 2005

Address: John Balazs, Attorney At Law

916 2nd Street, Suite F

Sacramento, CA 95814

Telephone No. 916-447-9299

Name of court reporter : Patricia Hernandez

Transcript required: x Yes No CJA APPOINTMENT x